SEEC FORM 5 EXPLORATORY COMMITTEE NOTICE OF INTENT TO DISSOLVE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION



Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

✓ FINAL DISSOLUTION

1. ELECTION DATE	2. CANDIDATI	2. CANDIDATE NAME								
(mm/dd/yyyy)	Prefix First			MI Last				Suffix		
3. CANDIDATE RESIDENCE ADDRESS					4. CANDIDATE MAILING ADDRESS (if different)					
Street Address					Address					
City		State Zip Co		de	City		State	Zip Code		
5. CANDIDATE TELEPHONE (Include Area Code) 6. CANDIDA					TE E-MAIL ADDRESS					
() —										
7. PARTY AFFILIATION										
			emocrati	ic	□ Other					
8. NAME OF COMMITTEE										
9. COMMITTEE ADD	RESS									
Address					City		State	Zip Co	ode	
10. COMMITTEE E-MAIL ADDRESS					11. COMMITTEE WEB SITE ADDRESS					
12. CANDIDATE'S DECLARATION (check one)										
□ 12a. I declare that I will seek the nomination or election to the of OFFICE SOUGHT					DISTRICT NO (if applicable)					
NAME OF CANDIDATE COMMITTEE										
 12b. I declare that I will not seek the nomination or election to any public office during the election cycle for which my exploratory committee was formed. 										
					(CANDIDATE (SIGNATU	RE) Da	ite	_	
13. CERTIFICATION										
I hereby certify and state, under penalties of false statement, that this statement of intent to dissolve the indicated candidate's exploratory committee, for the reasons stated, is true, accurate and complete to the best of my knowledge and belief and that this notice of intent to dissolve is being submitted by me <i>together with</i> a Statement of Receipts and Expenditures identifying all of this exploratory committee's receipts and expenditures since its last previously filed statement.										
					TREA	SURER (SIGNATURE)		Date	_	

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.